| | | Case 8:16- | DK-00974-CPM | Doc 20 | Filed 03/08/1 | 16 Page 1 o | T 56 | |
|---------|--------------------------|---|--|----------------|------------------------|------------------------|-------------|-----------------|
| Filli | n this info | rmation to identify your | case: | | | | | |
| Deb | tor 1 | Steven Lawrence | Brickner | | | | | |
| Dah | to = 0 | First Name | Middle Name | Last I | Name | | | |
| | tor 2 ise if, filing) | First Name | Middle Name | Last I | Name | | | |
| Unit | ed States E | Bankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA, TA | AMPA DIVISION | | | |
| Cas | e number | 8:16-bk-974-CPM | | | | | | |
| (if kno | | 0.10-DR-374-CFW | | | | | ☐ Chec | k if this is an |
| | | | | | | | amen | ided filing |
| | | | | | | | | |
| | | orm 106Sum | | | | | | |
| | | | and Liabilities ar | | | | | 12/15 |
| infor | mation. Fi | ll out all of your schedul | ole. If two married people es first; then complete th | ne informatio | on on this form. If yo | ou are filing amend | | |
| your | original fo | orms, you must fill out a | new Summary and check | k the box at t | he top of this page | | | |
| Part | 1: Sum | marize Your Assets | | | _ | | | |
| | | | | | | | Your a | |
| | | | | | | | value | of what you own |
| 1. | | • A/B: Property (Official Filline 55, Total real estate, f | orm 106A/B) rom Schedule A/B | | | | \$ | 428,533.00 |
| | 1b. Copy | line 62, Total personal pro | perty, from Schedule A/B | | | | \$ | 20,116.40 |
| | 1c. Copy I | line 63, Total of all propert | y on Schedule A/B | | | | \$ | 448,649.40 |
| Part | 2: Sum | marize Your Liabilities | | | | | | |
| | | | | | | | Vour | iabilities |
| | | | | | | | | nt you owe |
| 2. | | | laims Secured by Property | | | | œ. | 911,859.70 |
| | 2a. Copy | the total you listed in Colu | mn A, <i>Amount of claim,</i> at | the bottom of | the last page of Par | t 1 of Schedule D | \$ | 911,039.70 |
| 3. | | | Unsecured Claims (Officia 1 (priority unsecured claim | | | | \$ | 17,486.25 |
| | . , | | 2 (nonpriority unsecured c | , | | | | 203 088 83 |
| | ов. Сору | the total oldino nomi are | 2 (nonphonty unocoured o | idii iio | ic of all conteduce En | | | 293,088.83 |
| | | | | | Υ | our total liabilities | \$ | 1,222,434.78 |
| | | | | | | | | , , |
| Part | 3: Sum | marize Your Income and | l Expenses | | | | | |
| 4. | | I: Your Income (Official For combined monthly incom | orm 106I) ie from line 12 of Schedule | · I | | | \$ | 10,255.47 |
| 5. | | J: Your Expenses (Officia | I Form 106J) ine 22c of <i>Schedule J</i> | | | | \$ | 7,354.76 |
| Part | | | Administrative and Stati | | | | | |
| 6. | Are you f | iling for hankruptey und | er Chapters 7, 11, or 13? | | | | | |
| ٥. | - | - | on this part of the form. C | | and submit this form | n to the court with yo | ur other sc | hedules. |
| | ■ Yes | | | | | | | |
| 7. | | d of debt do you have? | | | | | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Steven Lawrence Brickner Case number (if known) 8:16-bk-974-CPM

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 7,423.50

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| E D (4 Octobrille E/E (4 C H) | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 17,486.25 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 17,486.25 |

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| Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known) Answer every question. Part 11 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Lithia FL 33547-0000 Manufactured or mobile home Land Current value of the entire property? Current value of the entire property? Portion you own? | | 0450 0 | .±0 bk 0007 | 7 01 | W 200 20 1 1100 00/00/1 | o i ag | 0 0 0 00 | |
|--|-----------------------|--------------------------|-----------------------|---------------------|--|----------------|------------------|------------------------------------|
| Debtor 2 Spouse, if fling) First Name Middle Name Last Name | Fill in this informa | ation to identify | your case and th | is filinç | g: | | | |
| Debtor 2 Spouse, filling) First Name Middle Name Last Name | Debtor 1 | Steven Lawr | ence Brickner | | | | | |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION Case number 8:16-bk-974-CPM Check if this amended filit Official Form 106A/B Schedule A/B: Property 12/2 n each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known) insert every question. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Street address, if available, or other description What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home City State ZIP Code Manufactured or mobile home Describe the nature of your ownership interest in the property? Check one Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: | Daktar 0 | First Name | Middle | Name | Last Name | | | |
| Case number 8:16-bk-974-CPM Check if this amended fills Check C | | First Name | Middle | Name | Last Name | | | |
| Difficial Form 106A/B Schedule A/B: Property 12/ 12/ 12/ 12/ 12/ 12/ 12/ 12 | United States Banl | kruptcy Court for | the: MIDDLE D | ISTRIC [*] | T OF FLORIDA, TAMPA DIVISION | | | |
| Difficial Form 106A/B Schedule A/B: Property 12/ 12/ 12/ 12/ 12/ 12/ 12/ 13/ 14/ 15/ 15/ 15/ 15/ 15/ 15/ 15 | Coop number 0 | 40 bb 074 0D | | | | | | |
| neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known) inswer every question. Port st | Case number 8: | :16-DK-9/4-CP | <u>VI</u> | | | | | Check if this is ar amended filing |
| In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where hink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known) haswer every question. Port 12 | | | | | | | • | _ |
| neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known) inswer every question. Port st | Official For | m 106A/B | } | | | | | |
| The each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where which it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known) inswer every question. Port 1: | _ | | - | | | | | 12/15 |
| Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Street address, if available, or other description City State ZIP Code Hillsborough County Who is the property of the description of the debtors and another of the debtors and another Other information you wish to add about this item, such as local property identification number: | | | | an asset | only once. If an asset fits in more than one | category, lis | st the asset in | |
| Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? Street address, if available, or other description Street address, if available, or other description Lithia FL 33547-0000 City State ZIP Code Hillsborough County What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Manufactured or mobile home Land Investment property S428,533.00 S428,53 Describe the nature of your ownership inter (such as fee simple, tenancy by the entiretic auther as fee simple, tenancy by the entiretic auther as fee simple, tenancy by the entiretic auther as fee simple, tenancy by the entiretic (see instructions) County | nink it fits best. Be | as complete and a | accurate as possibl | e. If two | married people are filing together, both are | equally resp | onsible for su | pplying correct |
| Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | | | attach a separate si | neet to t | nis form. On the top of any additional pages | , write your i | name and case | e number (it known). |
| Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | Part 1: Describe Fa | ach Residence Bu | uilding Land or Ot | her Real | Fetate You Own or Have an Interest In | | | |
| No. Go to Part 2. | | | | | | | | |
| ### State ZIP Code #### What is the property? Check all that apply Single-family home | . Do you own or ha | ive any legal or eq | uitable interest in a | ny resid | lence, building, land, or similar property? | | | |
| ### Street address, if available, or other description Street address, if available, or other description | ☐ No. Go to Part 2 | 2. | | | | | | |
| Sirgle-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Yes. Where is t | the property? | | | | | | |
| Sirgle-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | | | | | | | | |
| Sirgle-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | | | | | | | | |
| Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Lithia FL 33547-0000 City State ZIP Code Manufactured or mobile home Land Land Land Land Land Land Land Land | | | | What | t is the property? Check all that apply | | | |
| Lithia FL 33547-0000 City State ZIP Code Investment property Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Current value of the entire property? portion you own? S428,533.00 S428,53 Describe the nature of your ownership inter (such as fee simple, tenancy by the entireties a life estate), if known. Check if this is community property Creditors Who Have Claims Secured by Property Current value of the entire property? portion you own? \$428,533.00 \$428,53 Describe the nature of your ownership inter (such as fee simple, tenancy by the entireties a life estate), if known. Check if this is community property | | | | | Single-family home | | | |
| Lithia FL 33547-0000 City State S | Street address, it is | available, or other desi | cription | | · · | | | |
| Lithia FL 33547-0000 Land Land Land | | | | | Condominium or cooperative | | | |
| Lithia FL 33547-0000 City State S | | | | | Manufactured or mobile home | Current | lue of the | Current value of the |
| Timeshare Other Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: | Lithia | FL | 33547-0000 | | Land | | | portion you own? |
| Hillsborough County Describe the nature of your ownership inter (such as fee simple, tenancy by the entiretie a life estate), if known. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: | City | State | ZIP Code | | ' ' ' | \$42 | 28,533.00 | \$428,533.00 |
| Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: | | | | | | | | |
| Hillsborough County Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: | | | | _ | | | | ancy by the entireties, or |
| County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: | | | | | | | | |
| At least one of the debtors and another Check if this is community property (see instructions) Other information you wish to add about this item, such as local property identification number: | Hillsboroug | gh | | | Debtor 2 only | | | |
| At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: | County | | | | Debtor 1 and Debtor 2 only | □ Checl | k if this is com | munity property |
| property identification number: | | | | | | (see in | structions) | |
| | | | | | _ | m, such as lo | ocal | |
| Homestead (2010 tax assessed value listed) | | | | | - | listed) | | |
| | | | | 11011 | iiesieau (2013 iax assesseu value | iisteu) | | |
| | | | | | | | | |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | 2. Add the dollar | r value of the po | rtion you own fo | r all of | your entries from Part 1, including any | entries for | | \$428,533.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| De | btor 1 S | teven Lawrence Brickner | | Case number (if known) | 8:16-bk-974-CPM |
|-------------|---------------------------------------|--|--|--------------------------------------|---|
| 3. C | Cars, vans, | trucks, tractors, sport utility ve | ehicles, motorcycles | | |
| _ |] No | | | | |
| | I No I Yes | | | | |
| • | ■ Yes | | | | |
| 3. | 1 Make: | BMW | Who has an interest in the property? Check one | Do not deduct sec | ured claims or exemptions. Put |
| ٥. | Model: | 328i | Debtor 1 only | the amount of any | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2010 | Debtor 2 only | | |
| | Approxir | mate mileage: | Debtor 1 and Debtor 2 only | Current value of entire property? | the Current value of the portion you own? |
| | Other in | formation: | At least one of the debtors and another | | |
| | Bare le | egal title only - put on title | | | |
| | in erro | r | Check if this is community property (see instructions) | Undetermi | ned Undetermined |
| | | | (SEE IIISTI UCTIONS) | | |
| | No Yes | Allow value of the mortism value. | um for all of your antrice from Dart 2 in the | og ony ontrice for | |
| | | | vn for all of your entries from Part 2, includir that number here | | \$0.00 |
| | | | | | |
| Par | t 3: Descri | be Your Personal and Household I | tems | | |
| Do | you own o | or have any legal or equitable in | nterest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ĺ | | goods and furnishings Major appliances, furniture, linens scribe | s, china, kitchenware | | |
| | | Household furn | nishings | | \$15,000.00 |
| | | Tiousenoiu iuii | naminga | | <u> </u> |
| ı | Electronics Examples: ☐ No ■ Yes. De | Televisions and radios; audio, vio including cell phones, cameras, isscribe | | orinters, scanners; music c | |
| | | 5 televisions, A | Acer laptop computer, HP printer | | \$1,500.00 |
| ı | | Antiques and figurines; paintings other collections, memorabilia, co | , prints, or other artwork; books, pictures, or othe ollectibles | er art objects; stamp, coin, | or baseball card collections; |
| | | for sports and hobbies Sports, photographic, exercise, a musical instruments | nd other hobby equipment; bicycles, pool tables | s, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| I | ☐ Yes. De | scribe | | | |
| 10. | Firearms Examples | : Pistols, rifles, shotguns, ammun | ition, and related equipment | | |
| ı | No | | | | |

Official Form 106A/B Schedule A/B: Property page 2

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| De | ebtor 1 | Steven Lawı | rence B | rickner | | Case number (if known) | 8:16-bk-974-CPM |
|-----|--------------------|--|------------|--|--|--|---|
| | ☐ Yes. | Describe | | | | | |
| 11. | □ No [′] | | othes, fui | s, leather coats, designe | r wear, shoes, accessories | | |
| | | | Misce | llaneous clothing, sh | noes and accessories | | \$2,000.00 |
| | ■ No □ Yes. Non-fa | | | , , , , , | ent rings, wedding rings, heirlo | oom jewelry, watches, gems, g | old, silver |
| | Yes. | Describe | | | | | |
| | | | Dog | | | | \$0.00 |
| 14. | ■ No | ther personal an | | • | already list, including any ho | ealth aids you did not list | |
| 15 | | | | your entries from Part 3 here | s, including any entries for p | ages you have attached | \$18,500.00 |
| | | escribe Your Finan wn or have any l | | s quitable interest in any | of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No | | - | our wallet, in your home, | | hand when you file your petition | on |
| 17. | | | | | s; certificates of deposit; share the same institution, list each | es in credit unions, brokerage t n. | nouses, and other similar |
| | Yes | | | | Institution name: | | |
| | | | 17.1. | Checking # 3504 | Suncoast Federal Cred | dit Union | \$34.00 |
| 18. | | | | cly traded stocks ent accounts with brokera | age firms, money market acco | ounts | |
| | Yes | | | Institution or issuer nam | e: | | |
| | | | | 12 shares of Federa | I Express stock | | \$2.40 |
| 19. | joint v ■ No | enture/ | | interests in incorporate | ed and unincorporated busin | nesses, including an interes | t in an LLC, partnership, and |

Official Form 106A/B
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| De | btor 1 | Steven La | awrence Brickner | | Case number (if known) | 8:16-bk-974-CPM |
|-----|---------------------------|--------------------------------|--|-----------------------------|---|---|
| | | | Name of entity: | | % of ownership: | |
| | Negotia Non-ne ■ No | able instrume gotiable inst | prporate bonds and other negents include personal checks, caruments are those you cannot t | ashiers' checks, promis | sory notes, and money orders. | |
| | ⊔ Yes. (| Jive specific | information about them Issuer name: | | | |
| | | | ion accounts in IRA, ERISA, Keogh, 401(k), | 403(b), thrift savings a | ccounts, or other pension or profit-sharing | plans |
| | | ₋ist each acc | ount separately. Type of account: | Institution nam | e: | |
| | Your sh | nare of all un | | | ne service or use from a company c, gas, water), telecommunications compar | nies, or others |
| | | | | Institution nam | e or individual: | |
| | | | Electric and Gas | TECO | | \$1,580.00 |
| | ■ No | • | ct for a periodic payment of mo | ney to you, either for life | e or for a number of years) | |
| | ☐ Yes | | Issuer name and description. | | | |
| | | | ation IRA, in an account in a 1), 529A(b), and 529(b)(1). | qualified ABLE progra | am, or under a qualified state tuition pro | ogram. |
| | ☐ Yes | | Institution name and descripti | on. Separately file the r | ecords of any interests.11 U.S.C. § 521(c) | : |
| | ■ No | • | | (other than anything li | sted in line 1), and rights or powers exc | ercisable for your benefit |
| | ☐ Yes. | Give specific | information about them | | | |
| 26. | | | s, trademarks, trade secrets, a domain names, websites, proce | | | |
| | ☐ Yes. | Give specific | information about them | | | |
| | Examp ■ No | les: Building | | | oldings, liquor licenses, professional licens | es |
| | ☐ Yes. | Give specific | information about them | | | |
| Mo | oney or p | property ow | ed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu | unds owed t | to you | | | |
| | ■ No □ Yes. 0 | Give specific | information about them, includi | ing whether you already | r filed the returns and the tax years | |
| | ■ No | les: Past due | or lump sum alimony, spousal | support, child support, | maintenance, divorce settlement, property | settlement |

Official Form 106A/B Schedule A/B: Property page 4

| D | ebtor 1 | Steven Lawrence Brickn | er | Case number (if known) | 8:16-bk-974-CPM |
|----|----------------|---|--|---|----------------------------|
| 30 | Examp — | amounts someone owes you oles: Unpaid wages, disability in benefits; unpaid loans you | | ts, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | □ No ■ Yes. | Give specific information | | | |
| | | | Judgment against Reginald | and Cynthia Carter (uncollectible) | \$0.00 |
| _ | | | | and Cynama Cartor (anothersis) | |
| | | | Cause of action against Asc | ension Auto Service, Inc. | Undetermined |
| 31 | | ets in insurance policies oles: Health, disability, or life ins | urance; health savings account (HS | SA); credit, homeowner's, or renter's insurar | се |
| | _ | Name the insurance company of Company | | Beneficiary: | Surrender or refund value: |
| 32 | If you a | | you from someone who has died list, expect proceeds from a life insur | rance policy, or are currently entitled to rece | eive property because |
| | | Give specific information | | | |
| 33 | Examp ■ No | | er or not you have filed a lawsuit of sputes, insurance claims, or rights to | | |
| 34 | ■ No | contingent and unliquidated contingent and unliquidated continues. | laims of every nature, including c | counterclaims of the debtor and rights to | set off claims |
| 35 | . Any fin | nancial assets you did not alre | ady list | | |
| | _ | Give specific information | | | |
| 36 | | - | entries from Part 4, including any | entries for pages you have attached | \$1,616.40 |
| Pa | art 5: Des | scribe Any Business-Related Pro | perty You Own or Have an Interest In. | List any real estate in Part 1. | |
| | No. Go | , , , | e interest in any business-related prop | perty? | |
| Pa | | scribe Any Farm- and Commercia ou own or have an interest in farmla | I Fishing-Related Property You Own ond, list it in Part 1. | r Have an Interest In. | |
| 46 | ■ No. | own or have any legal or equence of to Part 7. Go to line 47. | ıitable interest in any farm- or cor | mmercial fishing-related property? | |
| Pa | art 7: | Describe All Property You Own | or Have an Interest in That You Did N | ot List Above | |
| 53 | | ı have other property of any k oles: Season tickets, country clu | | | |

Official Form 106A/B Schedule A/B: Property page 5

 \square Yes. Give specific information......

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| Debtor | 1 Steven Lawrence Brickner | | Case number (if known) | 8:16-bk-974-CPM |
|----------------|--|----------------|---------------------------|-------------------------|
| 54. A d | dd the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. P a | art 1: Total real estate, line 2 | | | \$428,533.00 |
| 56. P a | art 2: Total vehicles, line 5 | \$0.00 | | |
| 57. P a | art 3: Total personal and household items, line 15 | \$18,500.00 | | |
| 58. P a | art 4: Total financial assets, line 36 | \$1,616.40 | | |
| 59. P a | art 5: Total business-related property, line 45 | \$0.00 | | |
| 60. P a | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. P a | art 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. T o | otal personal property. Add lines 56 through 61 | \$20,116.40 | Copy personal property to | otal \$20,116.40 |
| 63. T o | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$448,649.40 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this info | rmation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|-------------------------|--|--|
| Debtor 1 | Steven Lawrence | Brickner | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA, TAMPA DIVISION | | |
| Case number | 8:16-bk-974-CPM | | | | |
| (if known) | 0.10-5R-574-01 HI | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|---|
| | Copy the value from Schedule A/B | | | |
| 6015 Audubon Manor Blvd. Lithia, FL 33547 Hillsborough County | \$428,533.00 | | 100% | Fla. Const. art. X, § 4(a)(1); Fla. Stat. Ann. §§ 222.01 & |
| Homestead (2015 tax assessed value listed) Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 222.02 |
| 2010 BMW 328i | Unknown | | 100% | Fla. Const. Art. X, § 4(a)(2) |
| Bare legal title only - put on title in error Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous clothing, shoes and accessories | \$2,000.00 | | \$966.00 | Fla. Const. Art. X, § 4(a)(2) |
| Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Dog Line from Schedule A/B: 13.1 | \$0.00 | | 100% | Fla. Const. Art. X, § 4(a)(2) |
| Line from Schedule PAB. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking # 3504: Suncoast Federal Credit Union | \$34.00 | | \$34.00 | Fla. Const. Art. X, § 4(a)(2) |
| Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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| Debtor 1 | | Steven Lawrence Brickner | Case number (if known) | 8:16-bk-974-CPM | | |
|----------|--|--|-----------------------------------|-----------------|--|--|
| 3. | | you claiming a homestead exemption of more than \$155,675? ject to adjustment on 4/01/16 and every 3 years after that for cases filed on c | or after the date of adjustment.) | | | |
| | | No | | | | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 day | ys before you filed this case? | | | |
| | | □ No | | | | |
| | | ☐ Yes | | | | |

| Fill in this information to identify you | ur case: | | | |
|---|---|----------------------|-------------------------|---------------|
| | | | | |
| Steven Lawren First Name | Middle Name Last Name | | - | |
| Debtor 2 | | | _ | |
| (Spouse if, filing) First Name | Middle Name Last Name | | | |
| United States Bankruptcy Court for the | : MIDDLE DISTRICT OF FLORIDA, TAMPA D | DIVISION | - | |
| Case number 8:16-bk-974-CPM | | | | |
| (if known) | | | ☐ Check | if this is an |
| | | | ameno | ded filing |
| Official Form 106D | | | | |
| | Who Have Claims Comme | d h D | | |
| Schedule D: Creditors | Who Have Claims Secured | a by Propert | : y | 12/15 |
| is needed, copy the Additional Page, fill it | If two married people are filing together, both are equal, number the entries, and attach it to this form. O | | | |
| number (if known). | | | | |
| 1. Do any creditors have claims secured b | | | | |
| _ | this form to the court with your other schedules. Y | ou nave nothing else | to report on this form. | |
| Yes. Fill in all of the information | below. | | | |
| Part 1: List All Secured Claims | | Column A | Column B | Column C |
| | more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As | / Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alphabet | | Do not deduct the | that supports this | portion |
| FV-I, Inc. in trust for | | value of collateral. | claim | If any |
| Morgan Stanley | Describe the property that secures the claim: | \$0.00 | \$0.00 | \$0.00 |
| Creditor's Name | | | | |
| Mortgage Capital | | | | |
| Holdings, LLC c/o Casey King, Esq. | As of the date you file, the claim is: Check all that | | | |
| 225 E. Robinson St., #660 | apply. | | | |
| Orlando, FL 32801 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | Disputed | | | |
| _ | Nature of lien. Check all that apply. | d | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | curea | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | | ng purposes | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| EV I loo in tweet for | | | | |
| PV-I, Inc. in trust for Morgan Stanley | Describe the property that secures the claim: | \$741,416.35 | \$428,533.00 | \$312,883.35 |
| Creditor's Name | 6015 Audubon Manor Blvd. Lithia, | | | |
| | FL 33547 Hillsborough County | | | |
| Mortgage Capital | Homestead (2015 tax assessed | | | |
| Holdings, LLC | value listed) As of the date you file, the claim is: Check all that | | | |
| 8742 Lucent Blvd. #500 | apply. | | | |
| Littleton, CO 80129 | Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only | ■ An agreement you made (such as mortgage or see | cured | | |
| ☐ Debtor 2 only | car loan) | 55. 5 4 | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |

Official Form 106D

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| Debtor 1 Steven Lawrence Brickner Car | | Case number (if know) | ase number (if know) 8:16-bk-974-CPM | | |
|---|---|-----------------------|--------------------------------------|--------------|--|
| First Name Middle N | lame Last Name | | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | | |
| community debt | | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | |
| N. C I O T Y | | | | | |
| National SemiTrailer Corp. | Describe the property that secures the claim: | \$41,420.25 | \$428,533.00 | \$41,420.25 | |
| Creditor's Name | 6015 Audubon Manor Blvd. Lithia, | | | | |
| | FL 33547 Hillsborough County | | | | |
| | Homestead (2015 tax assessed | | | | |
| | value listed) As of the date you file, the claim is: Check all that | | | | |
| 7208 Sand Lake Rd., #202 | apply. | | | | |
| Orlando, FL 32819 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| | Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | secured | | | |
| Debtor 2 only | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset) | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | |
| 2.4 Joseph Szakovitz | Describe the property that secures the claim: | \$129,023.10 | \$428,533.00 | \$129,023.10 | |
| Creditor's Name | 6015 Audubon Manor Blvd. Lithia, | | | | |
| | FL 33547 Hillsborough County | | | | |
| | Homestead (2015 tax assessed | | | | |
| | Value listed) As of the date you file, the claim is: Check all that | | | | |
| 3319 Deepwood Dr. | apply. | | | | |
| Lambertville, MI 48144 | ☐ Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or s | secured | | | |
| Debtor 2 only | car loan) | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | |
| Date dest was incurred | Last 4 digits of account number | | | | |
| Add the dollar value of your entries in C | Column A on this page. Write that number here: | \$911,859 | 0.70 | | |
| If this is the last page of your form, add | the dollar value totals from all pages. | \$911,859 | 0.70 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 8.10-DK- | 00974-CPM D0C20 Filed | 03/08/16 Page | 5 13 01 30 | |
|---|--|--|---|--|-------------------------------|
| Fill in this i | nformation to identify your cas | e: | | | |
| Debtor 1 | Steven Lawrence Br | ickner | | | |
| | First Name | Middle Name Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse if, filing | g) First Name | Middle Name Last Name | | | |
| United State | es Bankruptcy Court for the: | IIDDLE DISTRICT OF FLORIDA, TAMPA DI | /ISION | | |
| Case numb | er 8:16-bk-974-CPM | | | | |
| (if known) | 0.10 DK 014 01 III | | | ☐ Check | if this is an |
| | | | | amend | ed filing |
| Official E | Form 106E/F | | | | |
| | | . Have Harasson d Olaine | | | 40/45 |
| | | D Have Unsecured Claims art 1 for creditors with PRIORITY claims and Par | | | 12/15 |
| Schedule G: I Schedule D: (left. Attach th | Executory Contracts and Unexpired Creditors Who Have Claims Secure | t could result in a claim. Also list executory con I Leases (Official Form 106G). Do not include and d by Property. If more space is needed, copy the f you have no information to report in a Part, do | y creditors with partially a Part you need, fill it out, | secured claims that a number the entries ir | re listed in the boxes on the |
| Part 1: L | ist All of Your PRIORITY Unsec | cured Claims | | | |
| 1. Do any o | reditors have priority unsecured cl | aims against you? | | | |
| □ No. G | So to Part 2. | | | | |
| Yes. | | | | | |
| identify w possible, | that type of claim it is. If a claim has be list the claims in alphabetical order ac | a creditor has more than one priority unsecured clai oth priority and nonpriority amounts, list that claim ho coording to the creditor's name. If you have more tha ular claim, list the other creditors in Part 3. | ere and show both priority | and nonpriority amount | s. As much as |
| (For an e | explanation of each type of claim, see | the instructions for this form in the instruction bookle | et.) Total claim | Priority | Nonpriority |
| | | | Total Claim | amount | amount |
| | ernal Revenue Service | Last 4 digits of account number | \$5,906.69 | \$5,906.69 | \$0.00 |
| | rity Creditor's Name | When was the debt incurred? | | | |
| | ntralized Insolvency erations | when was the debt incurred? | | _ | |
| |). Box 7346 | | | | |
| | iladelphia, PA 19101-7346 | | | | |
| | nber Street City State Zlp Code | As of the date you file, the claim is: Che | eck all that apply | | |
| Who in | curred the debt? Check one. | ☐ Contingent | | | |
| Deb | tor 1 only | ☐ Unliquidated | | | |
| ☐ Deb | tor 2 only | ☐ Disputed | | | |
| ☐ Deb | tor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| ☐ At le | east one of the debtors and another | ☐ Domestic support obligations | | | |
| ☐ Che | ck if this claim is for a community | debt Taxes and certain other debts you own | e the government | | |
| | laim subject to offset? | ☐ Claims for death or personal injury wh | | | |
| ■ No | | Other. Specify | | | |
| ☐ Yes | | | | | |

Case 8:16-bk-00974-CPM Doc 20 Filed 03/08/16 Page 14 of 56

| Debt | tor 1 Steven Lawrence Brickner | Case number (if know) | 8:16-bk-974-CPM |
|------------------|--|---|--|
| 2.2 | Ohio Dept. of Taxation | Last 4 digits of account number \$11,579.56 | \$11,579.56 \$0.00 |
| | Priority Creditor's Name National City Bank Bldg., 8th Floor 405 nMadison Ave. | When was the debt incurred? | |
| | Toledo, OH 43604-1243 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | Contingent | |
| | Debtor 1 only | _ | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | · | Type of PRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Domestic support obligations | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the government | |
| | Is the claim subject to offset? | \square Claims for death or personal injury while you were intoxicated | |
| | ■ No □ Yes | ☐ Other. Specify | |
| | La res | | |
| 4. L u th | unsecured claim, list the creditor separately for each c | alphabetical order of the creditor who holds each claim. If a credito laim. For each claim listed, identify what type of claim it is. Do not list claic creditors in Part 3.If you have more than three nonpriority unsecured claim | ims already included in Part 1. If more aims fill out the Continuation Page of |
| | 1 | | Total claim |
| 4.1 | A-Niks Outdoor Comfort Solutions Nonpriority Creditor's Name | Last 4 digits of account number | \$565.50 |
| | 13215 Memorial Hwy., Unit A Tampa, FL 33635 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce the | at you did not |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | , |
| | ☐ Yes | Other. Specify | |

Case 8:16-bk-00974-CPM Doc 20 Filed 03/08/16 Page 15 of 56

| Debto | Steven Lawrence Brickner | Case number (if know) 8:16-bk-974-C | PM |
|-------|--|---|-------------|
| 4.2 | Ally Financial Services Nonpriority Creditor's Name | Last 4 digits of account number | \$69,066.31 |
| | P.O. Box 130424 Saint Paul, MN 55113 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.3 | Bank of America | Last 4 digits of account number | \$358.84 |
| | Nonpriority Creditor's Name c/o LTD Financial Services 7322 Southwest Freeway, #1600 | When was the debt incurred? | |
| | Houston, TX 77074-2053 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.4 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 |
| | P.O. Box 31900 FL1-300-01-27 | When was the debt incurred? | |
| | Tampa, FL 33631 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | | |
| | · · · · · · · · · · · · · · · · · · · | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify For noticing purposes | |
| | — 103 | - Other, Specify 1 of frotioning pariposes | |

| Debtor | 1 Steven Lawrence Brickner | Case number (if know) 8:16-bk-974 | -CPM |
|--------|--|---|--------------|
| 4.5 | Virginia Barnett Nonpriority Creditor's Name | Last 4 digits of account number | Undetermined |
| | c/o V. Stephen Cohen, Esq. 100 N. Tampa St., #1900 Tampa, FL 33602 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ■ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | Brandon Health Management Nonpriority Creditor's Name | Last 4 digits of account number | \$398.25 |
| | c/o Ideal Collection Services P.O. Box 272407 Tampa, FL 33688 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.7 | Bush Truck Leasing | Last 4 digits of account number | Undetermined |
| | Nonpriority Creditor's Name 6961 Cintas Blvd. Mason, OH 45040 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | — 100 | ■ Other, Specity | |

| Debt | or 1 Steven Lawrence Brickner | Case number (if know) 8:16-bk-974 | СРМ |
|----------|---|---|--------------|
| 4.8 | CEMS Enterprise, LLC Nonpriority Creditor's Name | Last 4 digits of account number | Undetermined |
| | 1019 Greenway Dr. Duncanville, TX 75137 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | ☐ Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify | |
| 4.9 | Chase Bank Nonpriority Creditor's Name | Last 4 digits of account number | \$761.50 |
| | c/o United Recovery Systems 5800 N. Course Dr. | When was the debt incurred? | |
| | Houston, TX 77072 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Shook an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | Yes | Other. Specify | |
| 4.1 0 | Comdata Financial Services | Last 4 digits of account number | Undetermined |
| | Nonpriority Creditor's Name 5301 Maryland Way Brentwood, TN 37027 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other Specify | |

| 1 Steven Lawrence Brickner | Case number (if know) 8:16-bk-974- | СРМ |
|---|---|--------------|
| Crestmark Bank | Last 4 digits of account number | Undetermined |
| Nonpriority Creditor's Name 30 Burton Hills Blvd., #576 Nashville, TN 37215 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Engine Lab | Last 4 digits of account number | \$5,500.00 |
| Nonpriority Creditor's Name | | . , |
| 201 S. 78th St. | When was the debt incurred? | |
| Tampa, FL 33619 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Fifth Third Bank | Last 4 digits of account number | \$4,898.87 |
| Nonpriority Creditor's Name c/o Stellar Recovery, Inc. P.O. Box 1119 | When was the debt incurred? | |
| Charlotte, NC 28201-1119 | — As a father data on the first territor to Observe all the travel | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ■ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other Specific | |

| Debt | Steven Lawrence Brickner | Case number (# know) 8:16-DK-9/4-C | PIVI |
|----------|--|---|-------------|
| 1.1 1 | Fish Hawk Trails Homeowners Assoc., Inc. | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name c/o Eric Appleton, Esq. P.O. Box 3913 Tampa, FL 33601 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | □ outside | |
| | ☐ Debtor 2 only | ☐ Contingent | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | <u> </u> | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify For noticing purposes | |
| 1.1 | | | |
| 5 | Ford Credit USA Nonpriority Creditor's Name | Last 4 digits of account number | \$3,928.46 |
| | c/o Cavalar Portfolio Services P.O. Box 520 Valhalla, NY 10595 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| l.1 | Ford Motor Credit Co. | Last 4 digits of account number | \$52,388.78 |
| | Nonpriority Creditor's Name c/o National Recovery Center P.O. Box 6508 Mesa, AZ 85216-6508 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐Yes | Other. Specify | |
| | | -· - =F===:/ | |

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| Debt | or 1 Steven Lawrence Brickner | Case number (if know) 8:16-bk-974- | CPM |
|----------|--|---|--------------|
| 4.1 | Kumari S. Fulbright | Last 4 digits of account number | \$49,660.69 |
| 7 | Nonpriority Creditor's Name 8350 Savannah Trace Cir., Unit 1806 Tampa, FL 33615 | When was the debt incurred? | <u> </u> |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | _ ′ | ☐ Unliquidated | |
| | ☐ Debtor 2 only | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify | |
| 4.1 8 | General Electric Credit Corp. | Last 4 digits of account number | Undetermined |
| 0 | Nonpriority Creditor's Name | | |
| | 125 E. Carpenter Fry, #1000 Irving, TX 75062 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | _ | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | Hartford Fire Insurance Co. | | Undetermined |
| 9 | Nonpriority Creditor's Name | Last 4 digits of account number | Ondetermined |
| | 100 Enterprise Dr. P.O. Box 905 | When was the debt incurred? | |
| | Rockaway, NJ 07866 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ■ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ■ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ∏ yes | Other Specific | |

| Deb | tor 1 Steven Lawrence Brickner | Case number (if know) 8:16-bk-974- | CPM |
|----------|--|---|--------------|
| 4.2 0 | Mercedes Benz Credit Corp. | Last 4 digits of account number | Undetermined |
| <u>U</u> | Nonpriority Creditor's Name 1011 Warrensville Rd., #600 | When was the debt incurred? | |
| | Lisle, IL 60532-0354 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ■ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.2 1 | Michael and Leslie Schmuhl | Last 4 digits of account number | \$14,840.63 |
| | Nonpriority Creditor's Name 7119 Holly Springs Ct. | When was the debt incurred? | |
| | Maumee, OH 43537 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.2 2 | Mid Am Bank | Last 4 digits of account number | \$37,100.94 |
| | Nonpriority Creditor's Name c/o Dana Farthing, Esq. 519 Madison Ave. | When was the debt incurred? | |
| | Toledo, OH 43604 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ■ Out word | |
| | ☐ Debtor 1 only | Contingent | |
| | ☐ Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | |
| | dept Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other Specify | |
| | | - Americaneum | |

| Steven Lawrence Brickner | Case number (if know) 8:16-bk-974- | CPM |
|---|---|--------------|
| National Financial Corp. | Last 4 digits of account number | Undetermined |
| Nonpriority Creditor's Name c/o American Collection Systems, Inc. 2500 Corporate Exchange Dr., #150 | When was the debt incurred? | |
| Columbus, OH 43231 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. Debtor 1 only | ■ Contingent | |
| Debtor 2 only | _ | |
| | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No □ Yes | Other. Specify Other Specify | |
| PayPal | Last 4 digits of account number | \$3,820.66 |
| Nonpriority Creditor's Name c/o ARS National Services, Inc. P.O. Box 469046 | When was the debt incurred? | |
| Escondido, CA 92046-9046 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? — | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Pest Bear Tampa | Last 4 digits of account number | \$349.31 |
| Nonpriority Creditor's Name c/o Transworld Systems, Inc. 507 Prudential Rd. | When was the debt incurred? | |
| Horsham, PA 19044 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ■ Disputed | |
| ■ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other. Specify | |
| _ 100 | — Other, Specify | |

| Debto | Steven Lawrence Brickner | Case number (if know) 8:16-bk-974 | СРМ |
|-------|--|---|--------------|
| 4.2 | • | | |
| 6 | Quality Leasing, Inc. | Last 4 digits of account number | Undetermined |
| | Nonpriority Creditor's Name P.O. Box 1346 | When was the debt incurred? | |
| | Portsmouth, OH 45662 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.2 | | | |
| 7 | Recovar Group, LLC Nonpriority Creditor's Name | Last 4 digits of account number | Undetermined |
| | 11340 Montgomery Rd., #210 Cincinnati, OH 45249 | When was the debt incurred? | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | Contingent | |
| | ☐ Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ■ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | _ | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.2 | | | |
| 8 | Shutts & Bowen | Last 4 digits of account number | \$22,063.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | c/o Creditor Services 5200 N. Federal Hwy., #2-1158 | When was the dept incurred? | |
| | Fort Lauderdale, FL 33302 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | | | |

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| Debto | Steven Lawrence Brickner | Case number (if know) 8:16-bk-974- | CPM |
|----------|--|---|--------------|
| 4.2 9 | U.S. Bank National Association | Last 4 digits of account number | Undetermined |
| | Nonpriority Creditor's Name 7757 Bayberry Rd. | When was the debt incurred? | |
| | Jacksonville, FL 32256 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ■ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | <u></u> | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other. Specify | |
| 10 | | | |
| 4.3 0 | Verizon Wireless Nonpriority Creditor's Name | Last 4 digits of account number | \$3,409.00 |
| | c/o EOS P.O. Box 981002 | When was the debt incurred? | |
| | Boston, MA 02298-1002 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | <u> </u> | | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | ls the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other. Specify | |
| | | | |
| 4.3 1 | Volvo Financial Services Nonpriority Creditor's Name | Last 4 digits of account number | \$23,978.09 |
| | c/o Alternative Collections, LLC 3842 Harley Rd., #314 Buffalo, NY 14215 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Steven Lawrence Brickner | | Case number (if know) 8:16-bk-974-CPM | | | | | | |
|---|--|--|---|--|--|--|--|--|
| Name and Address Glenna Roberts, Esq. 545 Park Ave W., #2B Houston, TX 77273 | On which entry in Part 1 or Part 2 did Line 4.19 of (<i>Check one</i>): Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| Name and Address Michael D. Linn, Esq. 1300 E. 9th St., 14th Floor Cleveland, OH 44114-1503 | On which entry in Part 1 or Part 2 did Line 4.20 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Nong | | | | | | |
| Name and Address Randy Slovin, Esq 644 Linn St., #720 Cincinnati, OH 45203 | On which entry in Part 1 or Part 2 did Line 4.27 of (<i>Check one</i>): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Nonp | • | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 17,486.25 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 17,486.25 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 293,088.83 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 293,088.83 |

| Fill in this inform | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-------------------------|-------------------------------|
| Debtor 1 | Steven Lawrence | Brickner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA, TAMPA DIVISION | |
| Case number | 8:16-bk-974-CPM | | | |
| (if known) | | | | ☐ Check if this amended filir |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or | company with | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | <u> </u> | 2 0000 | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | <u> </u> | 2 0000 | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | - ity | | Cidio | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

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| Fill in this | s information to identify y | our case: | | |
|-----------------------------|--|------------------------------------|---|--------------------------------------|
| Debtor 1 | Steven Lawre | ence Brickner | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, fil | iling) First Name | Middle Name | Last Name | |
| | ates Bankruptcy Court for t | he: MIDDLE DISTRICT OF | FLORIDA, TAMPA DIVISION | |
| | | | | |
| (if known) | nber <u>8:16-bk-974-CPN</u> | <u> </u> | | ☐ Check if this is an |
| , , | | | | amended filing |
| Officia | al Form 106H | | | |
| | dule H: Your C | odebtors | | 12/15 |
| 001100 | <u> </u> | <u> </u> | | 12/10 |
| people are fill it out, a | e filing together, both are and number the entries ir | equally responsible for supp | ots you may have. Be as complete and accolying correct information. If more space is the Additional Page to this page. On the . | s needed, copy the Additional Page, |
| 1. Do | you have any codebtors | ? (If you are filing a joint case, | do not list either spouse as a codebtor. | |
| □ No |) | | | |
| ■ Ye | es | | | |
| | | | roperty state or territory? (Community properto Rico, Texas, Washington, and Wisconsi | |
| ■ No | o. Go to line 3. | | | |
| | | spouse, or legal equivalent live | e with you at the time? | |
| | | | | |
| in line Form | e 2 again as a codebtor o | nly if that person is a guaran | spouse as a codebtor if your spouse is fi tor or cosigner. Make sure you have listed ule G (Official Form 106G). Use Schedule | the creditor on Schedule D (Official |
| | Column 1: Your codebton Name, Number, Street, City, State | | | creditor to whom you owe the debt |
| | Name, Number, Street, Oity, State | and Zir Code | Check all sched | ules that apply: |
| 3.1 | Gr8code International | шс | ☐ Schedule D | lino |
| 0.1 | Orocouc international | , LLO | ■ Schedule E | , |
| | | | □ Schedule G | |
| | | | Virginia ∼Barı | nett |
| | | | | |
| 3.2 | Jami Brickner | | ■ Schedule D | , line 2.1 |
| | | | ☐ Schedule E | |
| | | | ☐ Schedule G | |
| | | | FV-I, Inc. in tr | ust for Morgan Stanley |
| 0.0 | | | | |
| 3.3 | Jami Brickner | | ☐ Schedule D | |
| | | | ■ Schedule E | |
| | | | ☐ Schedule G A-Niks Outdo | or Comfort Solutions |

Case number (if known) 8:16-bk-974-CPM

| | Column 1: Your codebtor | Column 2: The creditor to whom you owe the deb Check all schedules that apply: |
|------|-------------------------|---|
| 3.4 | Jami Brickner | ☐ Schedule D, line |
| | | ■ Schedule E/F, line <u>4.25</u> |
| | | ☐ Schedule G |
| | | Pest Bear Tampa |
| 3.5 | Jami Brickner | ■ Schedule D, line 2.2 |
| | <u> </u> | ☐ Schedule E/F, line |
| | | ☐ Schedule C/I , line |
| | | FV-I, Inc. in trust for Morgan Stanley |
| 3.6 | Jami Brickner | Cabadula D. lina |
| 3.0 | Jami Brickner | Schedule D, line |
| | | ■ Schedule E/F, line <u>4.29</u> □ Schedule G |
| | | U.S. Bank National Association |
| 0.7 | Delegacio Considera Inc | |
| 3.7 | Primeair Carriers, Inc. | Schedule D, line |
| | | ■ Schedule E/F, line <u>4.8</u> □ Schedule G |
| | | CEMS Enterprise, LLC |
| | | • / |
| 3.8 | Sonic Expediting, Inc. | ☐ Schedule D, line |
| | | ■ Schedule E/F, line 2.2 |
| | | ☐ Schedule G |
| | | Ohio Dept. of Taxation |
| 3.9 | Sonic Expediting, Inc. | ☐ Schedule D, line |
| | . • | ■ Schedule E/F, line 4.27 |
| | | ☐ Schedule G |
| | | Recovar Group, LLC |
| 3.10 | Sonic Expediting, Inc. | ☐ Schedule D, line |
| - | F | ■ Schedule E/F, line 4.19 |
| | | ☐ Schedule G |
| | | Hartford Fire Insurance Co. |
| 3.11 | Sonic Leasing | ☐ Schedule D, line |
| | • • • | ■ Schedule E/F, line 4.22 |
| | | ☐ Schedule G |
| | | Mid Am Bank |

Debtor 1 Steven Lawrence Brickner

Case 8:16-bk-00974-CPM Doc 20 Filed 03/08/16 Page 29 of 56

| Steven Lawrence Brickner | Case number (if known) 8:16-bk-974-CPM |
|--|---|
| | |
| Additional Page to List More Codebtors | |
| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| Sonic Leasing | ☐ Schedule D, line |
| | ■ Schedule E/F, line 4.23 |
| | ☐ Schedule G |
| | National Financial Corp. |
| | |
| Sonic Leasing, Inc. | ☐ Schedule D, line |
| | ■ Schedule E/F, line 4.20 |
| | ☐ Schedule G |
| | Mercedes Benz Credit Corp. |
| | |
| Value Transport | ☐ Schedule D, line |
| | ■ Schedule E/F, line <u>4.31</u> |
| | ☐ Schedule G |
| | Volvo Financial Services |
| Value with Enterprises | Cohordula D. Vina |
| valworth Enterprises | □ Schedule D, line |
| | Schedule E/F, line 4.30 |
| | ☐ Schedule G Verizon Wireless |
| | Venzon Wireless |
| Valworth Enterprises | ☐ Schedule D, line |
| • | ■ Schedule E/F, line 4.28 |
| | □ Schedule G |
| | |
| | Additional Page to List More Codebtors |

| Fill | in this information | to identify your cas | se: | | | | | | | | |
|-------------------------|---|--|---|---|------------------|-----------------|------------------------|-----------------------|--------------------------|----------------------------------|-------------------|
| Deb | otor 1 | Steven Lawre | ence Brickner | | | _ | | | | | |
| 1 . | otor 2 ouse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankru | ptcy Court for the: | MIDDLE DISTRICT OF DIVISION | FLORIDA, TAMPA | | | | | | | |
| (If kn | nown) | 16-bk-974-CPM | | | | | □ An | | ed filing ent showir | ng postpetitior ollowing date | |
| | <u>fficial Form</u> | <u>1 1061</u> Your Inco | | | | | M | M / DD/ Y | YYY | | |
| suppos spor attac | plying correct inf use. If you are se ch a separate sho | ormation. If you a parated and your | ble. If two married peop are married and not filing spouse is not filing wit on the top of any additio | g jointly, and your sp h you, do not include | ouse i infori | is liv matic | ing with y on about | you, incl your spo | ude infori ouse. If m | mation about ore space is | t your needed, |
| 1. | Fill in your emp | oloyment | | Debtor 1 | | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | | Employment status | ■ Employed□ Not employed | | | | ☐ Empl | - | | |
| | employers. | | Occupation Consultant | | | | | | | | |
| | Include part-time self-employed w | | Employer's name | Self | | | | | | | |
| | Occupation may or homemaker, i | | Employer's address | | | | | | | | |
| | | | How long employed th | ere? 1.5 years | | | | _ | | | |
| Par | t 2: Give D | etails About Mont | hly Income | | | | | | | | |
| | mate monthly incuse unless you are | | te you file this form. If yo | ou have nothing to rep | ort for | any I | ine, write | \$0 in the | space. In | clude your no | n-filing |
| | | g spouse have mor separate sheet to the | re than one employer, cornis form. | mbine the information f | or all e | emplo | yers for t | hat perso | on on the l | ines below. If | you need |
| | | | | | | | For Deb | tor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gr deductions). If r | ross wages, salary not paid monthly, ca | y, and commissions (be alculate what the monthly | fore all payroll wage would be. | 2. | \$ | 10,0 | 00.00 | \$ | N/A | - |
| 3. | Estimate and lis | st monthly overtir | ne pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - |
| 4. | Calculate gross | s Income. Add line | e 2 + line 3. | | 4. | \$ | 10,00 | 0.00 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Copy line 4 here Copy line 4 here 4. \$ 10,000.00 \$ NI/A 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments fund loans 5d. Required repayments fund loans 5d. Required repayments fund fund measured fund fund fund fund fund fund fund fun | Debt | or 1 | Steven Lawrence Brickner | _ | Case r | number (if known) | 8:16-bk-97 | 4-CPM | |
|---|------|---------|---|-----------|----------|-------------------|---------------|-------|-----------|
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| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | _ | · — | | · | | = |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 255.47 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A | - |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 255.47 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 10,000.00 | \$ | N/A | - |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ N/A 8b. Interest and dividends | 8. | | | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 255.47 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. \$pecify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | 8a. | | | | | | | |
| receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ N/A 8b. Interest and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 255.47 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | | | | | |
| monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 255.47 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | | | | | |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 255.47 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | 8a. | \$ | 0.00 | \$ | N/A | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | 8b. | | | \$ | | | | _ |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | | | | | - |
| settlement, and property settlement. 8c. \$ 255.47 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | regularly receive | | | | | | |
| 8d. Unemployment compensation 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | _ | | | • | | |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | ٥. | | | | | | | _ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h.+ \$ 0.00 + N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | · — | | | | _ |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 255.47 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | • | 8e. | \$ | 0.00 | \$ | N/A | _ |
| that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{255.47}{\\$} = \frac{\\$}{\\$} \\$ | | 81. | | | | | | | |
| Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{255.47}{\\$}\$\$ \\ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | 7 | | | | | |
| 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{255.47}{\\$}\$\$ \frac{\\$N/A}{\\$}\$ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | | | | | |
| 8h. Other monthly income. Specify: 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{255.47}{\\$} \\$ \N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$\frac{10,255.47}{\} + \\$ \N/A = \\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{255.47}{\\$} \\$ \N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | - |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 10,255.47 + \$ N/A = \$ 10,255.47 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | - |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 10,255.47 + \$ N/A = \$ 10,255.47 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | | | _ | | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 255.47 | \$ | N/A | <u> </u> |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | ' | | | | 1 | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | 10 |),255.47 + \$ | N/A | = \$ | 10,255.47 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | 11 | State | e all other regular contributions to the expenses that you list in Schedule | ., | | | | | |
| other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . | | | | | dents. | your roommates | s, and | | |
| | | othe | r friends or relatives. | | | - | | | |
| Specify: 11. +\$ | | _ | | availab | le to pa | ay expenses list | | | |
| | | Spec | ory: | | | | 11. | +\$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. | 10 | A al al | the amount in the last column of line 40 to the amount in line 44. The rea | ult in th | 0 00m | hinad manthly i | 20000 | | |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | 12. | | | | | | | | |
| applies 12. \$ 10,255.47 | | | · · · · · · · · · · · · · · · · · · · | | 35 ai | | | \$ | 10,255.47 |
| Combined | | | | | | | | Combi | and |
| Compined monthly income | | | | | | | | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | 13. | Do v | ou expect an increase or decrease within the year after you file this form | ? | | | | | , |
| · | | | No. | | | | | | |
| ■ INU. | | | Yes. Explain: | | | | | | |
| ■ NO. | | | Yes. Explain: | | | | | | |

| Fill | in this inform | nation to identify you | ır case: | | | l | | | |
|-------------|-------------------------------------|---|----------------------------------|---|-----------------------|------------|---------|-------------------|--------------------------|
| | tor 1 | Steven Lawre | | kner | | Ch | neck i | f this is: | |
| | tor 2 | | | | | | A | | ing postpetition chapter |
| (Spc | ouse, if filing) | | | | | | 13 | expenses as of t | he following date: |
| Unite | ed States Ban | kruptcy Court for the: | MIDDLE | DISTRICT OF FLORIDA N | , TAMPA | | MI | M / DD / YYYY | |
| | e number _{ | B:16-bk-974-CPM | <u> </u> | | | | | | |
| Of | fficial F | orm 106J | | | | | | | |
| Sc | chedul | e J: Your E | xpen | ses | | | | | 12/1 |
| info nun | t1: Des Is this a jo No. Go Yes. Dc | more space is nee wn). Answer every cribe Your Househ bint case? to line 2. bes Debtor 2 live in No Yes. Debtor 2 must | ded, attac r question nold | | form. On the top of | f any addi | itiona | al pages, write y | |
| ۷. | - | Debtor 1 and | ■ Yes. | Fill out this information for | Dependent's relati | ionship to | | Dependent's | Does dependent |
| | Debtor 2. | | - res. | each dependent | Debtor 1 or Debto | r 2 | | age | live with you? |
| | Do not stat | | | | Danadatan | | | 40 | □ No |
| | dependent | s names. | | | Daughter | | | 16 | ■ Yes □ No |
| | | | | | Son | | | 18 | ■ Yes |
| | | | | | Son | | | 20 | ■ Yes |
| 3. | expenses yourself a | xpenses include of people other the nd your dependen mate Your Ongoin | ts? ⊔ | Yes | | | | | ☐ Yes |
| Esti exp | imate your | expenses as of you f a date after the ba | ur bankru | ptcy filing date unless y is filed. If this is a supp | | | | | |
| the | | ch assistance and | | overnment assistance i uded it on <i>Schedule I:</i> Y | | | | Your expe | nses |
| 4. | | or home ownersh and any rent for the | | ses for your residence. I lot. | nclude first mortgage | e 4. | \$ | | 1,518.25 |
| | If not inclu | uded in line 4: | | | | | | | |
| | 4a. Rea | l estate taxes | | | | 4a. | \$ | | 642.55 |
| | | perty, homeowner's, | | | | 4b. | | | 141.71 |
| | | ne maintenance, rep neowner's associatio | | | | 4c. 4d. | _ | | 100.00 |
| 5. | | | | ommum dues ur residence, such as ho | me equity loans | | \$ - | | 115.25 0.00 |
| | | · · | - | • | · • | | | | <u>-</u> |

| ebtor 1 | Steven Lawrence Brickner | Case num | ber (if known) | 8:16-bk-974-CPM |
|----------|---|--------------|--|--------------------------|
| Utilitie | s: | | | |
| 6a. E | Electricity, heat, natural gas | 6a. | \$ | 400.00 |
| | Nater, sewer, garbage collection | 6b. | · · · · · · · · · · · · · · · · · · · | 60.00 |
| | Felephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 150.00 |
| | Other. Specify: | 6d. | | 0.00 |
| | and housekeeping supplies | 7. | · . | 1,000.00 |
| | are and children's education costs | 8. | \$ | 0.00 |
| | ng, laundry, and dry cleaning | 9. | | 150.00 |
| | nal care products and services | 10. | · - | 25.00 |
| | al and dental expenses | 11. | · | 25.00 |
| | portation. Include gas, maintenance, bus or train fare. | | Ψ | 25.00 |
| | include car payments. | 12. | \$ | 200.00 |
| | ainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | able contributions and religious donations | 14. | · - | 0.00 |
| Insura | _ | | · | 0.00 |
| | include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 27.00 |
| 15b. H | Health insurance | 15b. | \$ | 0.00 |
| 15c. \ | /ehicle insurance | 15c. | | 0.00 |
| 15d. (| Other insurance. Specify: | 15d. | | 0.00 |
| | Do not include taxes deducted from your pay or included in lines 4 or 20. | | | 3.00 |
| | / Income and Self EmploymentTax | 16. | \$ | 2,800.00 |
| | ment or lease payments: | | | , |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. (| Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. (| Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | ayments of alimony, maintenance, and support that you did not report a | S | | |
| deduct | ted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | . 18. | \$ | 0.00 |
| | payments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify | <i>'</i> : | 19. | | |
| | real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> | | | |
| 20a. N | Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. F | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. F | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. N | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. H | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| Other: | Specify: | 21. | +\$ | 0.00 |
| | | | | |
| | ate your monthly expenses | | | |
| | dd lines 4 through 21. | | \$ | 7,354.76 |
| 22b. Co | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Ad | dd line 22a and 22b. The result is your monthly expenses. | | \$ | 7,354.76 |
| Caland | ata varim na anthibi mat in a anna | | | |
| | ate your monthly net income. | 220 | c | 40 OFF 45 |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 10,255.47 |
| 23b. (| Copy your monthly expenses from line 22c above. | 23b. | -\$ | 7,354.76 |
| 222 (| Subtract your monthly expanses from your monthly income | | | |
| | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$ | 2,900.71 |
| | THE TESUICIS YOUR MONUNY NECTHOOMIE. | _00. | <u>. </u> | _, |
| . Do voi | ı expect an increase or decrease in your expenses within the year after y | Ou file this | form? | |
| | mple, do you expect to finish paying for your car loan within the year or do you expect you | | | ease or decrease because |
| | tion to the terms of your mortgage? | -5-5-1 | | |
| ■ No. | | | | |
| | Explain here: | | | |

| Fill in this information to identify your case: | |
|--|--|
| Debtor 1 Steven Lawrence Brickner First Name Middle Name Last Name | |
| | |
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION | |
| Case number 8:16-bk-974-CPM | |
| (if known) | ☐ Check if this is an amended filing |
| 0(": 5 | |
| Official Form 106Dec Declaration About an Individual Debtor's Sched | ules 12/15 |
| | |
| obtaining money or property by fraud in connection with a bankruptcy case can result in fines u years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below | p to \$250,000, or imprisonment for up to 20 |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankrupt | cy forms? |
| ■ No | |
| ☐ Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with the that they are true and correct. | is declaration and |
| $x \leftarrow A A A A A A A A$ | |
| Steven Lawrence Brickner Signature of Debtor 2 | |
| Signature of Debtor 1 | |
| Date 03/08/2016 Date | |

| -:11 | in this info | rmation to identify you | r c250; | | | | | | | |
|---|-------------------------|---|--|------------------------------------|-------------------------------------|------------------------------------|--|--|--|--|
| | otor 1 | | | | | | | | | |
| Dei | otor i | Steven Lawrenc First Name | Middle Name | Last Name | | | | | | |
| | btor 2 | | | | | | | | | |
| (Spc | ouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Uni | ted States E | Sankruptcy Court for the: | MIDDLE DISTRICT OF F | LORIDA, TAMPA DIVISION | | | | | | |
| Cas | se number | 8:16-bk-974-CPM | | | | | | | | |
| (if kr | nown) | | | | _ | Check if this is an | | | | |
| | | | | | a | mended filing | | | | |
| | | | | | | | | | | |
| Of | ficial F | orm 107 | | | | | | | | |
| St | atemen | t of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 12/15 | | | | |
| Be a | as complete | and accurate as possi | ible. If two married people a | are filing together, both are | equally responsible for sup | plying correct | | | | |
| info | rmation. If | more space is needed, | attach a separate sheet to | | y additional pages, write you | | | | | |
| num | iber (it kno | wn). Answer every ques | stion. | | | | | | | |
| Par | rt 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | | | | | |
| 1. | What is yo | hat is your current marital status? | | | | | | | | |
| | ☐ Marrie | 2d | | | | | | | | |
| | ■ Not m | | | | | | | | | |
| _ | | | | | | | | | | |
| 2. | During the | ouring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No | No | | | | | | | | |
| | ☐ Yes. l | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1 Prior Address: | | Dates Debtor 1 | r 1 Debtor 2 Prior Address: | | Dates Debtor 2 | | | | |
| | | | lived there | | | lived there | | | | |
| 3. | | | | | ity property state or territory | | | | | |
| state | es and territo | ories include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto R | ico, Texas, Washington and W | /isconsin.) | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. N | Make sure you fill out Sch | hedule H: Your Codebtors (Of | fficial Form 106H). | | | | | | |
| Por | et 2. Evel | ain the Sources of You | ur Incomo | | | | | | | |
| rai | t 2 Expl | an the Sources of You | T IIICOIIIE | | | | | | | |
| 4. | | | | | ear or the two previous cale | ndar years? | | | | |
| | | | u received from all jobs and a have income that you receive | | | | | | | |
| | _ | 3 - 3 | | , | | | | | | |
| | □ No | | | | | | | | | |
| | ■ Yes. I | Fill in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income | Gross income | Sources of income | Gross income | | | | |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) | | | | |
| Ero | m lanuar | 1 of current year until | - | , | D Wassa assessing | | | | | |
| From January 1 of current year until the date you filed for bankruptcy: | | | ■ Wages, commissions, bonuses, tips | \$5,892.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | _ | | ☐ Operating a business | | | | | |
| | | | Operating a business | | _ 000141119 4 040111000 | | | | | |

Official Form 107

| Der |)(O) 1 51 | even Lawi | rence Brick | ner | Cas | e Huffibel (if known) | 8:16-DK-8 | 3/4-CPIVI |
|--|--|-------------------------------------|--|---|--|--|--|---|
| | | | | | | | | |
| Debtor 1 | | | | Debtor 1 | | | Debtor 2 | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| (January 1 to December 31, 2015) bonuse | | ■ Wages, commissions, bonuses, tips | \$44,541.31 | ☐ Wages, combonuses, tips | missions, | | | |
| | | ☐ Operating a business | erating a business | | ☐ Operating a business | | | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | and other winnings. List each No | public bene If you are fil | fit payments; ing a joint cas the gross inco | per that income is taxable. Exa pensions; rental income; inter se and you have income that y time from each source separat | rest; dividends; money collect you received together, list it o | ted from lawsuits; only once under De | royalties; an ebtor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below | Gross income (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Par | t 3: Lis | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| 6. | Are eithe ☐ No. | Neither De individual | ebtor 1 nor D primarily for a | 's debts primarily consumer bebtor 2 has primarily consu personal, family, or househol | umer debts. Consumer debt Id purpose." | | J | 1(8) as "incurred by an |
| | | □ No. | Go to line 7 | ore you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? | | | | |
| | | □ _{Yes} | paid that cr | each creditor to whom you pai editor. Do not include paymen payments to an attorney for th | nts for domestic support oblig | | | |
| | | * Subject | to adjustmen | on 4/01/16 and every 3 years | s after that for cases filed on | or after the date o | f adjustment | |
| | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | | | |
| | | □ No. | Go to line 7 | | | | | |
| | | ■ Yes | include pay | each creditor to whom you pai ments for domestic support of this bankruptcy case. | | | | |
| | Creditor | 's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | payment for |
| | None o | ut of the o | rdinary cou | ırse | \$0.00 | \$0.00 | ☐ Mortgag ☐ Car ☐ Credit (☐ Loan R ☐ Supplie ☐ Other_ | Card |

| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. | artners; relatives of any geno control, or owner of 20% or | eral partners; partner r more of their votin | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations agent, including one for |
|-----|--|--|---|---|---------------------------------|---|
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | ■ No □ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Pai | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| | FV-I, Inc. v Steven Brickner, etal 2014-CA-5641 | Foreclosure | Hillsborough C Court | County Circuit | Pending On appe | eal |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | cy, was any of your prope ^{w.} | erty repossessed, t | oreclosed, garnis | hed, attached | d, seized, or levied? |
| | □ No | | | | | |
| | Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | En aire a Lab | Explain what happened | | | 45 | Ha data antica d |
| | Engine Lab 201 S. 78th St. | 1996 Honda Civic | | Janu 2016 | ary 15, | Undetermined |
| | Tampa, FL 33619 | ☐ Property was reposse ☐ Property was foreclos ☐ Property was garnishe | ed. | | | |
| | | ■ Property was attached | d, seized or levied. | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment become No Yes. Fill in the details. | | uding a bank or fil | nancial institution | , set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date a | action was | Amount |
| | | | | taken | | |

Official Form 107

| 40 | | | | | eu e 111 |
|-----|--|---------|--|---|---------------------------|
| 12. | court-appointed receiver, a custodian, of | | vas any of your property in the possession of an ner official? | assignee for the ben | efit of creditors, a |
| | ■ No □ Yes | | | | |
| Pai | t 5: List Certain Gifts and Contribution | ns | | | |
| 13. | Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift. | ruptcy, | did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Gifts with a total value of more than \$6 per person | | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | t | | | |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or | | did you give any gifts or contributions with a totation. | al value of more than | \$600 to any charity |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy o | r since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Pai | t 7: List Certain Payments or Transfer | 's | | | |
| 16. | consulted about seeking bankruptcy or | prepar | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services require | , , , | rty to anyone you |
| | □ No■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Bankruptcy Preparer | | Fees | | \$250.00 |
| 17. | Within 1 year before you filed for bankrupromised to help you deal with your cree Do not include any payment or transfer that No | ditors | | or transfer any prope | rty to anyone who |
| | ☐ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

| 18. | Within 2 years before you filed for bankrupto | cy, did you sell, trade, o | or otherwise tran | sfer any prop | erty to anyone, othe | r than property |
|------|--|--|------------------------------------|-----------------|---|---|
| | transferred in the ordinary course of your but Include both outright transfers and transfers mainclude gifts and transfers that you have already No | usiness or financial affa de as security (such as t | iirs? he granting of a s | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and v property transferr | | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | • | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No | | y property to a s | elf-settled tru | ust or similar device | of which you are a |
| | Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the prop | erty transferr | ed | Date Transfer was made |
| Pai | 18: List of Certain Financial Accounts, Ins | truments, Safe Deposit | Boxes, and Sto | rage Units | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details. | r other financial accour | nts; certificates o | of deposit; sh | | , , |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accour instrument | clo | te account was esed, sold, eved, or nsferred | Last balance before closing o transfe |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed for | bankruptcy, any | / safe deposi | t box or other depos | itory for securities, |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S | | Describe the | contents | Do you still have it? |
| | | State and ZIP Code) | | | | |
| 22. | Have you stored property in a storage unit o ■ No □ Yes. Fill in the details. | r place other than your | home within 1 y | ear before yo | ou filed for bankrupt | су |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe the | contents | Do you still have it? |
| _ | | | | | | |
| Pai | t 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that sor for someone. | neone else owns? Inclu | ude any property | you borrowe | ed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe the | property | Value |
| Par | t 10: Give Details About Environmental Info | rmation | | | | |
| T CI | Sive Details About Environmental into | muuon | | | | |
| For | the purpose of Part 10, the following definition | ons apply: | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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| | toxic substances, wastes, or material into the regulations controlling the cleanup of these | | water, or other medium, including st | tatutes or |
|-----|--|---|---------------------------------------|-----------------------|
| | Site means any location, facility, or property to own, operate, or utilize it, including dispose | y as defined under any environmental l | aw, whether you now own, operate, | or utilize it or used |
| | Hazardous material means anything an env hazardous material, pollutant, contaminant | | waste, hazardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings th | at you know about, regardless of when | they occurred. | |
| 24. | Has any governmental unit notified you that | | - | ental law? |
| | _ | . you may be nable of perentially habit | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site | Governmental unit | Environmental law, if you | Date of notice |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or adr | ninistrative proceeding under any envi | ronmental law? Include settlements | and orders. |
| | _ | , , | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | t 11: Give Details About Your Business or | Connections to Any Business | | |
| | Within 4 years before you filed for bankrupt | - | y of the following connections to any | v husiness? |
| | ☐ A sole proprietor or self-employed i | | | y business. |
| | ☐ A member of a limited liability comp | | | |
| | ☐ A partner in a partnership | , (, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, | r (<i>)</i> | |
| | ☐ An officer, director, or managing ex | ecutive of a corporation | | |
| | ☐ An owner of at least 5% of the votin | | | |
| | ■ No. None of the above applies. Go to I | | | |
| | Yes. Check all that apply above and fill | | | |
| | Business Name | Describe the nature of the business | Employer Identification numbe | r |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security | number or ITIN. |
| | , | name of accountant of bookkeeper | Dates business existed | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement t | o anyone about your business? Incl | ude all financial |
| | ■ No □ Yes Fill in the details below | | | |
| | Yes. Fill in the details below. | Date Issued | | |
| | Address (Number, Street, City, State and ZIP Code) | 24.0 100404 | | |
| | | | | |

Official Form 107

Case 8:16-bk-00974-CPM Doc 20 Filed 03/08/16 Page 41 of 56

| Debtor | Steven Lawrence Brickner | Case number (# | known) | 8:16-bk-974-CPM |
|--------------------|---|--|---------|---------------------|
| Part 1 | 2: Sign Below | | | |
| I have rare true | read the answers on this <i>Statement of Financial A</i> e and correct. I understand that making a false state bankruptcy case can result in fines up to \$250,000 C. §§ 152, 1341, 1519, and 3571. | atement, concealing property, or obtaining mo | ney or | |
| | n Lawrence Brickner ture of Debtor 1 | Signature of Debtor 2 | | |
| Date | 03/08/2016 | Date | | |
| Did you ■ No □ Yes | u attach additional pages to Your Statement of Fin | nancial Affairs for Individuals Filing for Bankru | ıptcy (| Official Form 107)? |
| Did you | u pay or agree to pay someone who is not an atto | rney to help you fill out bankruptcy forms? | | |
| ☐ Yes. | Name of Person Attach the Bankruptcy Peti | tion Preparer's Notice, Declaration, and Signature | (Offic | ial Form 119). |

| Fill in this inforr | nation to identify your cas | e: |
|---------------------------------|-----------------------------|---|
| Debtor 1 | Steven Lawrence Br | rickner |
| Debtor 2 (Spouse, if filing) | | |
| United States E | Bankruptcy Court for the: | Middle District of Florida, Tampa Division |
| Case number (if known) | 8:16-bk-974-CPM | |

| Check | as directed in lines 17 and 21: |
|-------|--|
| 1 | ording to the calculations required by this rement: |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| | 3. The commitment period is 3 years. |
| | 4. The commitment period is 5 years. |
| | Check if this is an amended filing |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| P | art | 1: Calculate Your Average Monthly Income | | | | | | | |
|---|-----------|---|------------------|------------------------------|---|------------------------|---------------------|--|---------------------------------|
| | 1. | What is your marital and filing status? Check one of | only. | | | | | | |
| | | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | | ☐ Married. Fill out both Columns A and B, lines 2-11 | - | | | | | | |
| | 10 the | I in the average monthly income that you received from a 1(10A). For example, if you are filing on September 15, the 6-6 6 months, add the income for all 6 months and divide the totouses own the same rental property, put the income from that | month pa | eriod would ill in the re | l be March 1 thro sult. Do not incli | ough Aug ude any ii | just 31. If the amo | ount of your monthly incon ore than once. For examp | ne varied during le, if both |
| | | | | | | Colum | | Column B Debtor 2 or non-filing spouse | |
| | 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and c | ommissi | ons (before al | \$ | 7,423.50 | \$ | |
| | | Alimony and maintenance payments. Do not includ Column B is filled in. | e paym | ents from | a spouse if | \$ | 0.00 | \$ | |
| | | All amounts from any source which are regularly popular of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3. | rt. Inclu | de regula: depende | r contributions nts, parents, | | 0.00 | \$ | |
| | | Net income from operating a business, profession, or farm | Debto | r 1 | | | | | |
| | | Gross receipts (before all deductions) | \$_ | 0.00 | | | | | |
| | | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | | Net monthly income from a business, profession, or fa | arm \$_ | 0.00 | Copy here - | > \$ | 0.00 | \$ | |
| | 6. | Net income from rental and other real property | Debto | | | | | | |
| | | Gross receipts (before all deductions) | \$_ | 0.00 | | | | | |
| | | Ordinary and necessary operating expenses | - \$ _ | 0.00 | | _ | 0.00 | • | |
| 1 | | Net monthly income from rental or other real property | Φ | 0.00 | Copy here - | > \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| | | | | Column A Debtor 1 | | Column B Debtor 2 o | - | |
|------------|---|--|------------------|-------------------|------------|---------------------|--------------|-----------|
| 7. | nterest, dividends, and royalties | | | \$ | 0.00 | \$ | | |
| 8. | Jnemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the he Social Security Act. Instead, list it here: | amount received was a be | enefit under | | | | | |
| | For you | \$ | 0.00 | | | | | |
| | For your spouse | \$ | | | | | | |
| | Pension or retirement income. Do not include penefit under the Social Security Act. | e any amount received that | was a | \$ | 0.00 | \$ | | |
| | ncome from all other sources not listed about not include any benefits received under the received as a victim of a war crime, a crime agadomestic terrorism. If necessary, list other sour otal below. | Social Security Act or payn ainst humanity, or internatio | nents onal or | | | | | |
| | | | | \$ | 0.00 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if | any. | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total average monthly income each column. Then add the total for Column A | e. Add lines 2 through 10 fo to the total for Column B. | or \$ | 7,423.50 | + _ | | =[\$ | 7,423.50 |
| 12. 13. | Copy your total average monthly income fro Calculate the marital adjustment. Check one | m line 11. | | | | | \$ | 7,423.50 |
| | You are not married. Fill in 0 below. | | | | | | | |
| | ☐ You are married and your spouse is filing | with you. Fill in 0 below. | | | | | | |
| | ☐ You are married and your spouse is not fil | - | | | | | | |
| | Fill in the amount of the income listed in lindependents, such as payment of the spou | | | | | | | |
| | Below, specify the basis for excluding this adjustments on a separate page. | income and the amount of | income dev | oted to each | n purpose. | . If necessary | , list addit | ional |
| | If this adjustment does not apply, enter 0 I | pelow. | œ. | | | | | |
| | - | | \$ | | | | | |
| | | | • •\$ | | _ | | | |
| | | | | | _ | | | |
| | Total | | \$ | 0.0 | O Co | py here=> | | 0.00 |
| 14. | Your current monthly income. Subtract line | 13 from line 12. | | | | | \$ | 7,423.50 |
| 15. | Calculate your current monthly income for | the year. Follow these ste | eps: | | | | | |
| | 15a. Copy line 14 here=> | - | | | | | \$_ | 7,423.50 |
| | Multiply line 15a by 12 (the number of n | | | | | | x ´ | 12 |
| | 15b. The result is your current monthly incom | ne for the year for this part | of the form. | | | | \$ | 89,082.00 |

Steven Lawrence Brickner

Debtor 1

| Debt | or 1 | Steven Lawrence Brickner | | Case number (if known) | 8:16-bk-974-CPM |
|------|--------|---|-----------------------------|--------------------------------|--------------------------------------|
| 16 | S. Cal | culate the median family income that applies to y | ou. Follow these steps | : | |
| | | . Fill in the state in which you live. | FL | | |
| | | | | | |
| | 16b | . Fill in the number of people in your household. | 4 | | |
| | 16c | Fill in the median family income for your state and | ********** | | _{\$} 66,509.00 |
| | | To find a list of applicable median income amounts instructions for this form. This list may also be avail | | | |
| 17 | . Hov | w do the lines compare? | | | |
| | 17a | Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | |
| | 17b | Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 al | lation of Your Dispos | • | |
| Par | t 3: | Calculate Your Commitment Period Under 11 | J.S.C. § 1325(b)(4) | | |
| 18. | Cop | by your total average monthly income from line 1 | 1 | | \$\$7,423.50 |
| | Dec | duct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13. | married, your spouse is | s not filing with you, and you | |
| | 19a | . If the marital adjustment does not apply, fill in 0 on | line 19a. | | -\$0.00 |
| | | | | | |
| | 19b | Subtract line 19a from line 18. | | | \$ |
| 20. | Cal | culate your current monthly income for the year. | Follow these steps: | | |
| | 20a | . Copy line 19b | | | \$7,423.50 |
| | | Multiply by 12 (the number of months in a year). | | | x 12 |
| | | , , | | | |
| | 20b | . The result is your current monthly income for the year | ear for this part of the fo | rm | \$89,082.00 |
| | | | | | |
| | | | | | o 66 500 00 |
| | 20c | . Copy the median family income for your state and | size of household from I | line 16c | \$66,509.00 |
| | 21. | How do the lines compare? | | | |
| | | Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4. | se ordered by the court, | on the top of page 1 of this t | form, check box 3, The commitment |
| | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | less otherwise ordered | by the court, on the top of pa | age 1 of this form, check box 4, The |
| Par | t 4: | Sign Below | | | |
| | By s | signing here, under penalty of perjury I declare that the | ne information on this s | tatement and in any attachm | ents is true and correct. |
| , | K | | | | |
| • | | reven Lawrence Brickner | | | |
| | Sig | gnature of Debtor 1 | | | |
| | Date | e 03/08/2016 MM/DD/YYYY | | | |
| | If vo | bu checked 17a, do NOT fill out or file Form 122C-2. | | | |
| | - | ou checked 17b, fill out Form 122C-2 and file it with t | his form. On line 39 of t | hat form, copy your current n | nonthly income from line 14 above. |

| Fill in this info | ormation to identify your case: | | | |
|--|--|-----------------------------------|---------------|--------------|
| Debtor 1 | Steven Lawrence Brickner | | | |
| Debtor 2 | | | | |
| (Spouse, if filin | g) | | | |
| United States I | Middle District of Florida, Tampa Division | | | |
| Case number (if known) | 8:16-bk-974-CPM | ☐ Check if this is a | an amended | l filing |
| Official Form 1 Chapter | _{22C-2} 13 Calculation of Your Disposable Incor | ne | | 12/1 |
| To fill out this Commitment F Be as complet space is neede | form, you will need your completed copy of <i>Chapter 13 Statement of Yeriod</i> (Official Form 122C-1). e and accurate as possible. If two married people are filing together, bid, attach a separate sheet to this form, include the line number to whites, write your name and case number (if known). | our Current Monthly income ar | being accur | ate. If more |
| Part 1: Ca | Iculate Your Deductions from Your Income | | | |
| the questio | Revenue Service (IRS) issues National and Local Standards for certans in lines 6-15. To find the IRS standards, go online using the link speray also be available at the bankruptcy clerk's office. | | | |
| expenses if | expense amounts set out in lines 6-15 regardless of your actual expense. In they are higher than the standards. Do not include any operating expenses if do not deduct any amounts that you subtracted from your spouse's incom | that you subtracted from income | | |
| If your expe | nses differ from month to month, enter the average expense. | | | |
| Note: Line n | umbers 1-4 are not used in this form. These numbers apply to information r | equired by a similar form used in | chapter 7 cas | ses. |
| 5. The nu | mber of people used in determining your deductions from income | | | |
| plus the | ne number of people who could be claimed as exemptions on your federal in a number of any additional dependents whom you support. This number manber of people in your household. | | 4 | |
| National Sta | andards You must use the IRS National Standards to answer the | questions in lines 6-7. | | |
| | clothing, and other items: Using the number of people you entered in line rds, fill in the dollar amount for food, clothing, and other items. | 5 and the IRS National | \$ | 1,513.00 |

C. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 22C-2

| People | who are u | inder 65 years of age | | | | | | |
|--|--|---|--|--|--|--------------------------|--------------------|-----------------------------|
| 7a | a. Out-of-p | ocket health care allowance per person | \$ | 60 | | | | |
| 7b | . Number | of people who are under 65 | x | 4 | | | | |
| 7c | . Subtota | II. Multiply line 7a by line 7b. | \$ | 240.00 | Copy here | => \$ | 240.00 | |
| People | who are 6 | 5 years of age or older | | | | | | |
| 7 d | d. Out-of-p | ocket health care allowance per person | \$ | 144 | | | | |
| 7e | e. Number | of people who are 65 or older | X | 0 | | | | |
| 7f. | . Subtotal | . Multiply line 7d by line 7e. | \$ | 0.00 | Copy here | => \$ | 0.00 | |
| 7 g | g. Total. A | dd line 7c and line 7f | | \$ | 240.00 | Сор | y total here=> | > \$ 240.0 |
| ∟ocal S | Standards | You must use the IRS Local Standards | to answer the | e guestions in I | ines 8-15. | J | | |
| Based | on informa | ation from the IRS, the U.S. Trustee Proposes into two parts: | | • | | ard for hou | ising for | |
| | | itilities - Insurance and operating expe | nses | | | | | |
| Hou | | | | | | | | |
| Hou | • | ıtilities - Mortgage or rent expenses | | | | | | |
| ■ Hou To ans separa B. Ho | wer the qualite instruct | restions in lines 8-9, use the U.S. Trusto ions for this form. This chart may also I utilities - Insurance and operating exp | be available enses: Usin | at the bankru | ptcy clerk's o | office. | · · | specified in the |
| House | wer the quate instruct ousing and the dollar a | restions in lines 8-9, use the U.S. Truste ions for this form. This chart may also I utilities - Insurance and operating exp amount listed for your county for insurance | be available enses: Usin | at the bankru | ptcy clerk's o | office. | · · | • |
| House | wer the qualite instruct ousing and the dollar a ousing and a. Using the | restions in lines 8-9, use the U.S. Trusto ions for this form. This chart may also I utilities - Insurance and operating exp | be available benses: Using and operation | at the bankru g the number on g expenses. | ptcy clerk's o | office. | · · | • |
| Hours House | wer the quite instruct ousing and the dollar a ousing and a. Using the listed for | restions in lines 8-9, use the U.S. Trusto ions for this form. This chart may also I utilities - Insurance and operating exp amount listed for your county for insurance I utilities - Mortgage or rent expenses: e number of people you entered in line 5, | be available enses: Usin and operation fill in the doll es. | at the bankru g the number on g expenses. ar amount | ptcy clerk's c | office. entered in li | ine 5, fill \$_ | • |
| Hourson House | wer the question to the dollar a cousing and a. Using the listed for the dollar average of the dollar average | restions in lines 8-9, use the U.S. Trustorions for this form. This chart may also be utilities - Insurance and operating expurion the listed for your county for insurance at utilities - Mortgage or rent expenses: I utilities - Mortgage or rent expenses: I utilities of people you entered in line 5, or your county for mortgage or rent expenses. | be available enses: Usin and operating fill in the doll es. and other de add all amour | at the bankru g the number of ng expenses. ar amount bts secured by nts that are | ptcy clerk's c | office. entered in li | ine 5, fill \$_ | • |
| Hourson House | wer the queste instruct ousing and the dollar a ousing and a. Using the listed for the dollar average of the d | restions in lines 8-9, use the U.S. Trusto ions for this form. This chart may also if utilities - Insurance and operating exp imount listed for your county for insurance if utilities - Mortgage or rent expenses: he number of people you entered in line 5, by your county for mortgage or rent expense erage monthly payment for all mortgages alate the total average monthly payment, a ually due to each secured creditor in the 6 | be available benses: Usin and operating fill in the doll es. and other de add all amour 60 months aft | at the bankru g the number of ng expenses. ar amount bts secured by nts that are er you file age monthly | ptcy clerk's c | office. entered in li | ine 5, fill \$_ | • |
| To ans separa 8. Ho in 9. Ho | wer the quite instruct ousing and the dollar a ousing and a. Using the listed for to calculate for bank. | restions in lines 8-9, use the U.S. Trusto ions for this form. This chart may also I utilities - Insurance and operating exp imount listed for your county for insurance I utilities - Mortgage or rent expenses: he number of people you entered in line 5, if your county for mortgage or rent expense erage monthly payment for all mortgages talate the total average monthly payment, a ually due to each secured creditor in the 6 ruptcy. Next divide by 60. | be available benses: Usin and operation fill in the doll es. and other de add all amour 60 months aft | at the bankru g the number of ng expenses. ar amount bts secured by nts that are er you file age monthly | ptcy clerk's confinence of people you confinence of people you confinence of people you confinence of people your home. | office. entered in li | ine 5, fill \$_ | • |
| Hours House | wer the quite instruct ousing and the dollar a ousing and a. Using the listed for to calculate for bank. | restions in lines 8-9, use the U.S. Trustopions for this form. This chart may also a utilities - Insurance and operating expurement listed for your county for insurance a utilities - Mortgage or rent expenses: the number of people you entered in line 5, or your county for mortgage or rent expenses are monthly payment for all mortgages what the total average monthly payment, a utility due to each secured creditor in the 6 or ruptcy. Next divide by 60. | be available benses: Usin and operation fill in the doll es. and other de add all amour 60 months aft Avera paym | at the bankru g the number of ng expenses. ar amount bts secured by nts that are er you file age monthly lent | ptcy clerk's confined people you confined peop | office. entered in li | ine 5, fill \$_ | • |
| Hours House | wer the quite instruct ousing and the dollar a ousing and a. Using the listed for to calculate for bank Name of the first output of the contract of the contract for bank o | restions in lines 8-9, use the U.S. Trusto- ions for this form. This chart may also id utilities - Insurance and operating expanding the insurance of utilities - Mortgage or rent expenses: The number of people you entered in line 5, or your county for mortgage or rent expenses are number of people you entered in line 5, or your county for mortgage or rent expenses are monthly payment for all mortgages allate the total average monthly payment, a utility due to each secured creditor in the 6 or ruptcy. Next divide by 60. If the creditor 1. In trust for Morgan Stanley 9b. Total average monthly payment 9b. Total average monthly payment | be available benses: Usin and operation fill in the doll es. and other de add all amour 60 months aft Avera paym | at the bankru g the number of ng expenses. ar amount bts secured by nts that are er you file age monthly nent 1,518.25 | ptcy clerk's c of people you c of your home. | office. entered in li | \$ | 64 Repeat this am |
| Hours Fo ans Separa B. Hours For Property Fo | wer the queste instruct ousing and the dollar a ousing and a. Using the listed for the dollar average of the d | restions in lines 8-9, use the U.S. Trusto ions for this form. This chart may also dutilities - Insurance and operating exp amount listed for your county for insurance dutilities - Mortgage or rent expenses: e number of people you entered in line 5, r your county for mortgage or rent expenses erage monthly payment for all mortgages alate the total average monthly payment, a ually due to each secured creditor in the 6 ruptcy. Next divide by 60. | be available tenses: Using and operation operation operation of the delay of the de | at the bankru g the number of ng expenses. ar amount bts secured by nts that are er you file 1,518.25 1,518.25 | ptcy clerk's c of people you c of your home. | office. entered in li | 1,572.00 | Repeat this am on line 33a. |

| ebtor 1 | Stev | en Lawrence Brickner | | Case num | ber (<i>if kn</i> | own) 8:1 | 6-bk-974-CPM | |
|-------------|--|---|--|----------------|------------------------------|-------------|--|------|
| 11. | Local tr | ansportation expenses: Check the number of vehic | les for which you claim | n an owne | rship o | r operating | expense. | |
| | ■ 0. Go | o to line 14. | | | | | | |
| | □ 1. Go | o to line 12. | | | | | | |
| | □ 2 or ı | more. Go to line 12. | | | | | | |
| 12. | | operation expense: Using the IRS Local Standards g expenses, fill in the Operating Costs that apply for | | | | | | 0.00 |
| 13. | You may | ownership or lease expense: Using the IRS Local y not claim the expense if you do not make any loan of an two vehicles. | | | | | | |
| Ve | hicle 1 | Describe Vehicle 1: | | | | | | |
| 13a. | Ownersl | hip or leasing costs using IRS Local Standard | | \$ | | 0.00 | | |
| 13b. | ŭ | e monthly payment for all debts secured by Vehicle 1. include costs for leased vehicles. | | - | | | | |
| | are cont | ulate the average monthly payment here and on line 1 cractually due to each secured creditor in the 60 mont try. Then divide by 60. | | nat | | | | |
| | | | | | | | | |
| | Na | me of each creditor for Vehicle 1 | Average monthly payment | | | | | |
| | Na | me of each creditor for Vehicle 1 | • | | | | | |
| | Na | me of each creditor for Vehicle 1 Total Average Monthly Payment | payment | Copy here = | > -\$ _. | 0 | Repeat this amount on line 33b. | |
| 13c. | Net Veh | | \$ \$ | here = | > -\$ _. | | amount on line 33b. Copy net Vehicle 1 | |
| 13c. | Net Veh | Total Average Monthly Payment icle 1 ownership or lease expense | \$ \$ | here = | > -\$ | 0.00 | amount on line 33b. | 0.00 |
| | Net Veh | Total Average Monthly Payment icle 1 ownership or lease expense t line 13b from line 13a. if this number is less than \$0, | \$ enter \$0. | here = | > -\$ _. | | amount on line 33b. Copy net Vehicle 1 expense here | 0.00 |
| Ve | Net Veh Subtract | Total Average Monthly Payment icle 1 ownership or lease expense t line 13b from line 13a. if this number is less than \$0, | s enter \$0. | here = | > -\$ | | amount on line 33b. Copy net Vehicle 1 expense here | 0.00 |
| Ve l | Net Veh Subtract | Total Average Monthly Payment icle 1 ownership or lease expense t line 13b from line 13a. if this number is less than \$0, Describe Vehicle 2: hip or leasing costs using IRS Local Standard | s enter \$0. | \$ | > -\$ | 0.00 | amount on line 33b. Copy net Vehicle 1 expense here | 0.00 |
| Ve l | Net Veh Subtract hicle 2 Ownerst Average leased v | Total Average Monthly Payment icle 1 ownership or lease expense t line 13b from line 13a. if this number is less than \$0, Describe Vehicle 2: hip or leasing costs using IRS Local Standard | s enter \$0. | \$ | > -\$ | 0.00 | amount on line 33b. Copy net Vehicle 1 expense here | 0.00 |
| Ve l | Net Veh Subtract hicle 2 Ownerst Average leased v | Total Average Monthly Payment icle 1 ownership or lease expense t line 13b from line 13a. if this number is less than \$0, Describe Vehicle 2: hip or leasing costs using IRS Local Standard | payment \$ enter \$0 Do not include costs for Average monthly | \$ | > -\$ | 0.00 | amount on line 33b. Copy net Vehicle 1 expense here | 0.00 |
| Ve l | Net Veh Subtract hicle 2 Ownerst Average leased v | Total Average Monthly Payment icle 1 ownership or lease expense t line 13b from line 13a. if this number is less than \$0, Describe Vehicle 2: hip or leasing costs using IRS Local Standard | payment \$ enter \$0. Do not include costs for Average monthly payment | \$ | | 0.00 | amount on line 33b. Copy net Vehicle 1 expense here => \$ | 0.00 |

Official Form 122C-2

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

Debtor 1 Steven Lawrence Brickner Case number (if known) 8:16-bk-974-CPM

| Oth | er Necessary Expenses | In addition to the expense d the following IRS categories | | listed above | , you are allowed your monthly expenses | for | |
|-----|---|--|------------------------|------------------------------------|---|------|----------|
| 16. | self-employment taxes, so your pay for these taxes. H | cial security taxes, and Medic lowever, if you expect to rece rom the total monthly amount | are taxes | . You may ind refund, you m | d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes. | \$ | 2,520.00 |
| 17. | Involuntary deductions: contributions, union dues, | The total monthly payroll deduand uniform costs. | uctions th | at your job re | quires, such as retirement | | |
| | Do not include amounts the | at are not required by your job | o, such as | voluntary 40 | 1(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include pay | ments that you make for your or life insurance on your depe | spouse's | term life insu | e insurance. If two married people are rance. spouse's life insurance, or for any form | \$ | 27.00 |
| 19. | administrative agency, suc | : The total monthly amount the has spousal or child support on past due obligations for spo | payment | š. | by the order of a court or You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthly amount that you pay for education that is either required: | | | | | | |
| | as a condition for your jfor your physically or m | | child if n | o public educ | ation is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total month | , , , | nildcare, s | uch as babys | sitting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | | | | \$ | 0.00 |
| 23. | Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | 0.00 |
| 24. | Add all of the expenses and lines 6 through 23. | allowed under the IRS expe | nse allow | ances. | | \$ | 5,179.75 |
| Add | litional Expense Deduction | ns These are additional do Note: Do not include a | | | | | |
| 25. | Health insurance, disabilinsurance, disability insura your dependents. | ity insurance, and health sance, and health savings acco | vings ac unts that | count expen are reasonab | ses. The monthly expenses for health ly necessary for yourself, your spouse, o | r | |
| | Health insurance | | \$ | 0.00 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | + | \$ | 0.00 | | | |
| | Total | | \$ | 0.00 | Copy total here=> | \$ | 0.00 |
| | Do you actually spend this No. How much do | total amount? you actually spend? | | | _ | | |
| | Yes | | \$ | | | | |
| 26. | continue to pay for the reasyour household or membe | sonable and necessary care a | and suppo o is unab | ort of an elder le to pay for s | e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b) | \$ | 0.00 |
| 27. | | | | | nses that you incur to maintain the es Act or other federal laws that apply. | | |
| | By law, the court must keep the nature of these expenses confidential. | | | | \$ | 0.00 | |

| btor 1 | Steven Lawrence Brickner | | Case number (if kr | nown) | 8:16 | 6-bk-97 | 4-CF | PM | |
|--------|---|---|---------------------------------------|-------------------|--------------------------|---------------|---------------|------------|-----|
| | Additional home energy costs. Your hom allowance on line 8. | ne energy costs are included in your non- | mortgage housi | ng and | d utiliti | es | | | |
| | If you believe that you have home energy on the fill in the excess amount of home en | | costs included | in exp | enses | on line | | | |
| | You must give your case trustee document amount claimed is reasonable and necessa | | nust show that th | ne add | itional | | \$ | | 0.0 |
| ; | Education expenses for dependent child \$156.25* per child) that you pay for your depublic elementary or secondary school. | dren who are younger than 18. The more pendent children who are younger than ' | nthly expenses (18 years old to a | (not mot moterno) | ore tha a priva | an ate or | | | |
| , | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you mot already accounted for in lines 6-23. | nust explain why | the ar | mount | | | | |
| , | * Subject to adjustment on 4/01/16, and ev | ery 3 years after that for cases begun on | or after the date | of adj | ustme | ent. | \$ | | 0.0 |
| - 1 | Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance | allowances in the IRS National Standard | | | | | | | |
| | To find a chart showing the maximum additinstructions for this form. This chart may also | | | separa | ite | | | | |
| • | You must show that the additional amount | claimed is reasonable and necessary. | | | | | \$ | | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | | ute in the form o | f cash | or fina | ancial | | | |
| ı | Do not include any amount more than 15% | of your gross monthly income. | | | | | \$ | | 0.0 |
| | Add all of the additional expense deduc | tions | | | | | \$_ | 0 | .00 |
| , | Add lines 25 through 31. | | | | | | L | | |
| Dedu | ctions for Debt Payment | | | | | | | | |
| | or debts that are secured by an interest pans, and other secured debt, fill in lines | | ome mortgages | , vehi | cle | | | | |
| | o calculate the total average monthly paym reditor in the 60 months after you file for ba | | ly due to each s | ecured | i | | | | |
| | Mortgages on your home | | | | | | Avera paym | age monthl | y |
| 33a. | Copy line 9b here | | | | | => | \$ | 1,518. | 25 |
| | Loans on your first two vehicles | | | | | | _ | 1,010. | |
| 33b. | Ones line 40h hans | | | | | => | Φ. | 0 | 00 |
| | | | | | | | Ψ | | |
| 33c. | Copy line 13e nere | | | | | > | Ф | 0. | 00 |
| 33d. | List other secured debts: | | | | | | | | |
| Name | e of each creditor for other secured debt | Identify property that secures the debt | İ | inclu | paym de tax suranc | es | | | |
| | | | | | No | | | | |
| | -NONE- | | | | Yes | | _ | | |
| | | | | ш | 165 | | \$ | | |
| | | | | | No | | | | |
| | | | | | Yes | | \$ | | |
| | | | | | No | | | | |
| | | | | _ | Yes | + | \$ | | |
| | | | | | | 7 | | | |
| | | s 33a through 33d | \$ | 1,518 | 25 | Copy total | \$ \$ | 1,518 | |

| Debtor 1 | Stev | en Lawrence Brickner | | | Case | e number (if known) | 8:16-bk-974 | -CPM |
|--------------|-------------------------------------|---|---|---|---|---------------------|-----------------------------|--------------------|
| 0 | r other | debts that you listed in lin property necessary for yo | | | | , | | |
| _ | _ | Go to line 35. | | | | | | |
| • | Yes. | State any amount that you listed in line 33, to keep polynest, divide by 60 and fill | ossession of your property | | | | | |
| Nam | ne of the | creditor | Identify property that see | cures the deb | t | Total cure amoun | | nthly cure ount |
| | | in trust for Morgan | 6015 Audubon Mar 33547 Hillsboroug Homestead (2015 ta | h County | ed value | 407.000.6 | 20 00 0 | 0.000.00 |
| Sta | inley | | listed) | | \$ | 137,000.0 | $\frac{00}{60}$ ÷ 60 = \$ - | 2,283.33 |
| | | | | | \$ | | ÷ 60 = \$ _ ÷ 60 = +\$ | |
| | | | · | | · | | Copy | |
| | | | | | Total | \$2,283. | total | \$ 2,283.33 |
| а | re past | owe any priority claims - s due as of the filing date o | | | | at | | |
| _ | _ | Go to line 36. | | | | | | |
| | Yes. | Fill in the total amount of a | all of these priority claims. I ich as those you listed in li | | le current or | | | |
| | | | due priority claims | | | \$ 17,486 | 25 ÷ 60 | \$ 291.43 |
| 36. P | roiecte | d monthly Chapter 13 pla | | | | \$ | | |
| C th T | Office of ne Exec o find a li | multiplier for your district as the United States Courts (four utive Office for United State ist of district multipliers that incl instructions for this form. This lie | or districts in Alabama and es Trustees (for all other die udes your district, go online us | North Caroli stricts). sing the link sp | strative na) or by ecified in the | × | | |
| А | verage | monthly administrative exp | ense | | | \$ | Copy total here=> \$ | |
| | | of the deductions for dekes 33e through 36. | ot payment. | | | | | \$4,093.01 |
| Total | l Deduc | tions from Income | | | | | | |
| 38. A | Add all o | of the allowed deductions | | | | | | |
| | | ne 24, All of the expenses a e allowances | | \$ | 5,179.75 | _ | | |
| | | ne 32, All of the additional e | | \$ | 0.00 | _ | | |
| | Copy lir | ne 37, All of the deductions | for debt payment | +\$ | 4,093.01 | - | | |
| | Total de | eductions | | \$ | 9,272.76 | Copy total he | re=> \$ | 9,272.76 |

| Debtor 1 | Steven Lawrer | ice Brickner | | Jase nu | imber (if known) | 3:16-DK-9/4-C | PIVI |
|----------------------|--|--|---|--|-------------------------------------|--------------------|-----------|
| Part 2 | Determine You | ır Disposable Income Under 11 U.S.C. § 13 | 25(b)(2) | | | | |
| | | rent monthly income from line 14 of Form 1 Current Monthly Income and Calculation of | | d. | | \$ | 7,423.50 |
| | children. The monthl disability payments fo | ly necessary income you receive for supporty average of any child support payments, fostor a dependent child, reported in Part I of Fornce with applicable nonbankruptcy law to the ended for such child. | ter care payments, or n 122C-1, that you | r | \$ | 0.00 | |
| | employer withheld fro | etirement deductions. The monthly total of a m wages as contributions for qualified retirem (7) plus all required repayments of loans from § 362(b)(19). | nent plans, as specific | | \$ | 0.00 | |
| 42. | Total of all deductio | ns allowed under 11 U.S.C. § 707(b)(2)(A). | Copy line 38 here | => | \$ 9,27 | 2.76 | |
| | expenses and you ha their expenses. You r | al circumstances. If special circumstances ju ave no reasonable alternative, describe the sp must give your case trustee a detailed explana ocumentation for the expenses. | ecial circumstances | and | | | |
| Des | cribe the special cir | cumstances | Amount of ex | pens | е | | |
| | | | \$ | | | | |
| | | | \$ | | _ | | |
| | | | \$ | | _ | | |
| | | | | | | | |
| | | Total | \$ | | copy nere=> \$ | 0.00 | |
| 44. | Total adjustments. / | Add lines 40 through 43. | => | \$_ | 9,272.76 | Copy here=> -\$ | 9,272.76 |
| 45. Part 3 | _ | thly disposable income under § 1325(b)(2). | Subtract line 44 from | n line | 39. | \$ | -1,849.26 |
| | have changed or are time your case will be you filed your petition | or expenses. If the income in Form 122C-1 or virtually certain to change after the date you for expen, fill in the information below. For example, check 122C-1 in the first column, enter line in when the increase occurred, and fill in the a | iled your bankruptcy ble, if the wages repo 2 in the second colun | petition petition prted in nn, ex | on and during the ncreased after | • | |
| Forr | n Line | Reason for change | Date of chan | ge | Increase or decrease? | Amount of o | hange |
| | 22C-1 22C-2 22C-1 | | | | ☐ Increase ☐ Decrease ☐ Increase | \$ | |
| _ | 22C-2 22C-1 | | | | ☐ Decrease ☐ Increase | \$ | |
| | 22C-2 | | | | Decrease | \$ | |
| | 22C-1 22C-2 | | | | ☐ Increase☐ Decrease | \$ | |
| | | | | | | · | |

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| Debtor 1 | Steven Lawrence Brickner | Case number (if known) | 8:16-bk-974-CPM |
|----------|--|---|-------------------------------|
| | | | |
| | | | |
| Part 4: | Sign Below | | |
| X | y signing here, under penalty of perjury you declare that the information of the signature of Debtor 1 03/08/2016 MM / DD / YYYYY | ation on this statement and in any atta | achments is true and correct. |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7: | Liquidation | |
|---------|------|--------------------|--|
| \$ | 245 | filing fee | |
| | \$75 | administrative fee | |
| + | \$15 | trustee surcharge | |
| \$ | 335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.